



REQUEST TO CANCEL COMBINED RETIREE HEALTH INSURANCE CREDITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58592 (Rev. 06-07)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

PART A MEMBER INFORMATION – LIST NAMES OF BOTH SPOUSES

Member's Name (Last, First, MI)

Social Security Number

Member's Name (Last, First MI)

Social Security Number

Home Telephone Number

PART B NOTICE TO MEMBER

PLEASE READ THIS ENTIRE NOTICE CAREFULLY

Members are responsible for authorizing and informing NDPERS when to start and stop combining their respective retiree health insurance credits. NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. We cannot cancel for a partial month or do a retroactive cancellation.

Any election received prior to the 15th of the month will be effective the first of the following month unless otherwise noted in Part C. Retroactive adjustments to retiree health insurance credits or levels of coverage will not be accommodated if you fail to inform NDPERS when to start and stop combining retiree health insurance credits or change level of coverage.

This election must be accompanied with a Retiree Health Insurance Application SFN 16277. SFN 16277 must be completed by the contract holder.

Before making your decision, please examine all your options to be sure you understand the plan coverages.

PART C EFFECTIVE DATE

_____/_____/_____

PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES

Please discontinue combining our respective retiree health insurance credits. We understand that it is our responsibility to authorize or inform NDPERS when to start and stop combining retiree health insurance credits.

Member's Signature:

Member's Signature:

PART E NDPERS USE ONLY

☐ Approved

Effective Date: _____

☐ Denied

Date Denied: _____

Reason: _____

ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS

INSTRUCTIONS

Part A Member Information

Enter the names of both members, social security numbers, and day time telephone number.

Part B Notice to member

Read this section carefully! This section contains important information that you need to know before canceling your combined retiree health insurance credits.

Part C Effective Date

Enter the effective date. Any cancellations received prior to the 15th of the month will be effective the first of the next month, unless otherwise indicated

Part D Authorization

Both members must sign SFN 58592 to be valid.

Part E NDPERS Use Only